



CITY OF SAN MARCOS (PWS ID# 1050001)

REASON FOR DEVICE: _____

Backflow Prevention Assembly

Test & Maintenance Report

FORWARD THIS ORIGINAL REPORT WITHIN 10 WORKING DAYS TO:

Water/Wastewater Utilities
Backflow Prevention Coordinator
630 E. Hopkins
San Marcos, Texas 78666
#512-393-8010
FAX #512-392-2625

NOTE: Incomplete tests will be rejected and returned.**CUSTOMER INFORMATION**

Location of Service _____ Commercial _____ Residential _____

Occupant/Business Name _____ Contact Name _____

Mailing Address _____ Contact Number _____

DEVICE INFORMATION

Location of Assembly on property _____ New _____ Existing _____ Replacement _____*

Type of Assembly: ☐ Reduced Pressure Principle ☐ Reduced Pressure Principle – Detector ☐ Double Check Valve
☐ Pressure Vacuum Breaker ☐ Spill-Resistant Pressure Vacuum Breaker ☐ Double Check – Detector

Manufacturer & Model of Device _____ Size _____ Serial # _____

*If replacing device, provide failed test report and old serial # _____

INITIAL TEST	REDUCED PRESSURE BACKFLOW ASSEMBLY			PRESSURE VACUUM BREAKER	
	Double-Check Valve Assembly		Differential Pressure Relief Valve	Spill Resistant Vacuum Breaker	
	#1 Check Valve	#2 Check Valve		Air Inlet	Check Valve
Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Opened at ____.____ PSID Did Not Open <input type="checkbox"/>	Opened at ____.____ PSID	Held at ____.____ PSID	
Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>		Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>	
Held at ____.____ PSID	Held at ____.____ PSID				
LINE PRESSURE	DC METER READING				
REPAIRS & MATERIALS USED					
TEST AFTER REPAIRS	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Opened at ____.____ PSID	Opened at ____.____ PSID	Held at ____.____ PSID
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>			
	Held at ____.____ PSID	Held at ____.____ PSID			

TESTER INFORMATION

Tester Name (PRINT) _____ License # _____

Business Name _____ Phone # _____

Business Address _____

Test Gauge Used: Make/Model _____ Serial # _____ Accuracy Test Date: _____

Remarks: _____

Backflow Test Status ☐ Pass ☐ Fail Is this assembly installed to code? ☐ Yes ☐ No**Test records must be kept for at least 3 years.****Use only Manufacturer's replacement parts.**

I certify that I have tested the above assembly and that it meets the performance requirements of the City of San Marcos. The backflow prevention assembly detailed above has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters.

Signature of Licensed Tester _____

Date of Test _____